

URBAN DISTRICT COUNCIL OF BURGESS HILL
REPORT OF THE MEDICAL OFFICER OF HEALTH



To the Chairman and Members of the Burgess Hill Urban District Council.

I have the honour to submit my Annual Report for the year 1941.

The Minister of Health has requested that interim reports only should be submitted for the year 1941, and should be confined to essential matters which have affected the public health during the year. This procedure has, therefore, been adopted. The delay in sending out this report is due to the late receipt of the statistics from the Registrar General.

The Crude Death Rate is 15.13 as compared with 13.68 for the previous year and with 12.9 for England and Wales. The Infantile Mortality Rate is 35.09 which is considerably lower than that for the country as a whole.

No deaths occurred from Typhoid Fever, ~~Scarlet Fever~~, Diphtheria or Measles.

~~1~~ There has been an increase in the number of new cases of respiratory tuberculosis, thirteen being notified as compared with four for the previous year. Eight deaths occurred as compared with nil for 1940.

DIPHTHERIA IMMUNISATION.

At the end of 1939 and 1940, 90 per cent of the child population one to 15 years of age in this district had been immunised. During 1941 every effort was made to persuade those parents who had not accepted immunisation for their children to agree to the procedure and 650 local and evacuated children were immunised.

Detailed figures are given below and it will be seen that 92 per cent of the one to 5 years group and 95 per cent of the school age group were immunised. These figures can be regarded as extremely satisfactory, especially that relating to the under 5 group, and with the exception of the Cuckfield Urban and Cuckfield Rural Districts is probably unequalled in the country. Credit must be given to all who have worked so hard to achieve this result, including

Dr. Duke, Nurse Sandbach, the headteachers, the general practitioners and members of the Women's Voluntary Service who have interviewed parents and brought them along in their cars to the various clinics. A word of praise should also be given to the parents who have accepted immunisation so willingly, showing as it does that they have the welfare of their children at heart. Sussex parents can feel justly proud of their achievement, and it is hoped that some of those who have not yet accepted will be persuaded to change their minds during the present year.

The figures at the end of 1941 were as follows:-

	Number on roll.	Number Immunised.
<u>Local Children:</u>		
1 to 5 years of age group ...	474	434
<u>Percentage:</u> 92		
School children (including children attending private schools) ...	1,070	1,017
<u>Percentage:</u> 95		
<u>Evacuated children:</u>		
School children	449	399
<u>Percentage:</u> 89		

The following methods were employed in educating and approaching the parents:-

Under School Age Children

- 1) Central Council for Health Education leaflets, with a letter from myself on the back page, are sent to every parent on the child's first birthday, the particulars of births being received from the Registrar. When the letters are sent out the district nurse is notified and she visits during the next month, and where necessary endeavours to obtain an acceptance from the parent.
- 2) Leaflets with an Acceptance Form attached are given to newcomers at the infant welfare centres, and if necessary the Medical Officer or nurse interviews the mother.

- 3) Visits by the district nurse to every parent in her district who has a child one to 5 years of age.
- 4) Immunisation clinics are arranged, at which my Assistant and the district nurse attend. These clinics are convened at convenient places throughout the district; schools, halls, private houses etc. Arrangements are made with the Women's Voluntary Service for cars to bring parents and their children from outlying districts to these clinics.
- 5) In cases where the parents will not or cannot attend the clinic, my Assistant calls at the homes and gives the inoculations there.
- 6) Parents, if they so desire, can have their children immunised by their own doctors, the Council paying the doctor 5/- for each child who receives two injections of A.P.T.

School Age Children.

- 1) Leaflets with an acceptance form attached are sent to parents whose children have not been immunised.
- 2) Visits by the School nurse or voluntary helper to parents who have not accepted immunisation for their children.
- 3) Personal talks to mothers by myself at school medical inspections. This procedure is found to give excellent results among hesitant mothers.

It will be seen that there is very little difference in the results obtained in the under five and school age groups, but to achieve the results in the former group a great deal more work was found to be needed.

A card is made out for each child whether immunised or not and these are kept by the headteacher or the district nurse. It is thus possible to know at any time the exact position as regards immunisation in the area. On entering

school the child's card is sent by the nurse to the headteacher and in the same way when children move to another school the cards are sent with them.

In this area up to the outbreak of War, all injections were carried out by the general practitioners, the Council providing the prophylactic T.A.F. and paying them 5/- for each child who received three injections. This method worked very well as far as school children were concerned as the injections were given at the schools and 90 per cent of the school children were immunised, but only about 20 per cent of the under school age children. The practical difficulty in dealing with this group is that the majority of mothers will not take their children to the doctors' surgeries and the general practitioners have not the time to arrange special clinics or to go round giving the injections in the homes. To obtain results with this group, therefore, it is essential to have a doctor available as an Immunising Officer and Schick-tester. Parents are still given the opportunity of taking their children to their own doctor and the Council pays them 5/- for giving two doses of A.P.T. I believe this procedure to be sound as a certain proportion of parents prefer their own doctor to the Medical Officer of the Public Health Department. The general practitioners are supplied with blank cards which they complete and return to the office.

In my opinion, a post-Schick test is an essential part of an immunisation scheme. All children are tested three to six months after the final injection and those found to be positive are given another course and retested. Children immunised prior to entering school are retested after admission. The results with T.A.F. showed that 98 per cent were negative and approximately 1,000 children who had been immunised three years previously were retested and 93 per cent were still negative. Results with A.P.T. show equally good results. All tests are carried out by Dr. Duke, my Assistant. In post-Schick testing no control is used unless a positive reaction is obtained, when another test

with control is carried out. This procedure saves a considerable amount of time.

During 1940 and 1941 not a single local child in the Mid-Sussex Area, population 54,254, developed Diphtheria.

SCABIES

As the year advanced it became increasingly evident that the incidence of scabies in this area gave ground for great concern. There is considerable support for the view that the spread of scabies, if not indeed the actual introduction of this disease in this area, is closely associated with the large scale movement of population occasioned by the War. Scabies was practically non-existent in Mid-Sussex prior to 1939.

Admissions to Firtoft Evacuation Hospital, which serve as a useful indication of the incidence of the disease among evacuee children, were 204 for 1941 and 123 for 1940. The increased incidence was also noticeable among local children.

The absence of any kind of powers of compulsion made it impossible to determine the real extent of the disease. Moreover, changes imposed by the War on the routine life of the people in a reception area, and particularly dietetic innovations, inevitably lead to minor digestive disturbances, certain of whose cutaneous manifestations add to the difficulty of recognising genuine cases of scabies. At the same time, indiscriminate recourse to sulphur ointment as a panacea for all kinds of skin irritation add to the general confusion by creating a vicious circle of skin reactions in old and young alike.

In November the appearance of the Ministry of Health Circular No.2517 was an important step in advance, and our position has been strengthened by a visit from Dr. Mellanby and by my Assistant taking a course in diagnosis with a Canadian Medical Unit that had been specially trained at Sheffield.

As a result of these measures it is now possible to examine and treat contacts, adults and children, with results that are already promising. Cases among local adults and children are now treated at the Mid-Sussex Isolation Hospital.

This disease is not notifiable but practitioners have co-operated with their usual exemplary readiness by notifying cases and by availing themselves, where necessary, of our facilities for accurate diagnosis and treatment, and it is hoped during 1942 to bring about a striking reduction of scabies in the three areas under my control.

I am indebted to Mr. Sayers, the Sanitary Inspector, for his co-operation in the administration of the Health Services and to the other members of the Staff and in particular to Miss Everson my Chief Clerk.

I should like to take this opportunity of expressing my appreciation of the consideration, support and assistance I have received from the Chairman and Members of the Public Health Committee.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

W. B. STOTT.

Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Summary of Statistics for the Year 1941

Area of District in acres	...	...	...	...	2,024.
Population estimated to middle of year	..	...	...	...	8,524.
Rateable value	...	...	...	...	£59,338.
Sum represented by a Penny Rate	...	...	...	...	£234.
Density of Population (persons per acre)	...	...	...	...	4.21.
Number of Houses	...	...	...	...	2,250.
Birth rate per 1,000 population	...	...	...	...	9.50.
Death rate per 1,000 population	...	...	...	...	15.13.
Infantile Mortality Rate	...	...	...	...	35.09.

CAUSES OF DEATH IN BURGESS HILL URBAN DISTRICT

<u>Cause of Death.</u>						<u>Males.</u>	<u>Females</u>
1.	Typhoid and Para-typhoid fevers	...	...	...	...	-	-
2.	Cerebro-spinal fever	...	...	...	...	-	1
3.	Scarlet Fever	...	...	...	...	-	-
4.	Whooping Cough	...	...	...	...	-	1
5.	Diphtheria	...	...	...	...	-	-
6.	Tuberculosis of respiratory system	..	...	...	...	3	5
7.	Other forms of tuberculosis	...	...	...	...	-	-
8.	Syphilitic disease	...	...	...	...	1	-
9.	Influenza	...	...	...	...	1	2
10.	Measles	...	...	...	...	-	-
11.	Acute poliomyelitis and polioencephalitis.	...	...	...	...	-	-
12.	Acute inf. encephalitis	..	...	...	...	-	-
13.	Cancer of b.cav and oesoph. (male) uterus (female)	-	...	...	...	-	2
14.	Cancer of stomach and duodenum	..	...	...	...	2	1
15.	Cancer of breast	...	...	...	...	-	4
16.	Cancer of all other sites	..	...	...	...	3	11
17.	Diabetes	..	...	...	...	1	1
18.	Intra-cran.vasc.lesions	...	...	...	...	4	10
19.	Heart disease	...	...	...	...	10	20
20.	Other diseases of circulatory system	...	...	...	...	1	1
21.	Bronchitis	...	...	...	...	5	4
22.	Pneumonia	...	...	...	...	4	2
23.	Other respiratory diseases	...	...	...	...	1	-
24.	Ulcer of stomach or duodenum	..	...	...	...	1	1
25.	Diarrhoea under 2 years	...	...	...	...	1	-
26.	Appendicitis	...	...	...	...	1	-
27.	Other digestive diseases	..	...	...	...	2	4
28.	Nephritis	...	...	...	...	1	2
29.	Puerperal and post.abor.sepsis	...	...	...	...	-	-
30.	Other maternal causes	...	...	...	...	-	1
31.	Premature birth	...	...	...	...	-	1
32.	Con. mal birth inj. infant. dis	...	...	...	...	2	-
33.	Suicide	...	...	...	...	-	-
34.	Road traffic accident	...	...	...	...	-	1
35.	Other violent causes	...	...	...	...	1	-
36.	All other causes	...	...	...	...	5	5
Totals						50	79

BIRTH RATE, CIVILIAN DEATH RATE AND ANNUAL ANALYSIS OF MORTALITY during the Year 1941 (Provisional Figures)

	Rate per 1,000 Civilian Population.		Annual Death Rate per 1,000 Civilian Population.									Rates per 1,000 Live Births
	Live Births.	Still Births	All Causes	Typhoid & Para-typhoid Fevers.	Small-Pox	Measles	Scarlet Fever.	Whooping Cough	Diphtheria	Influenza	Diarrhoea & Enteritis (under 2 Years)	Total deaths under one year.
England and Wales	14.2	0.51	12.9	0.00	-	0.03	0.00	0.03	0.07	0.19	5.1	59
126 County Boroughs and Great Towns including London.	14.7	0.58	14.9	0.00	-	0.03	0.00	0.07	0.08	0.17	7.5	71
148 Smaller Towns (Resident population 25,000 to 50,000 at 1931 census)	16.4	0.60	13.0	0.00	-	0.03	0.01	0.06	0.06	0.20	4.6	56
London	8.9	0.33	16.3	0.01	-	0.02	0.00	0.04	0.03	0.15	6.8	68
Burgess Hill Urban District ..	9.74	0.12	15.13	0.00	-	0.00	0.00	0.12	0.00	0.25	8.77	35.09

The Maternal Mortality Rates for England and Wales are as follows:- per 1,000 Total Births

	Puerperal	Others	Total
	0.48	1.75	2.23

The Maternal Mortality Rates for the Burgess Hill Urban District are as follows Nil Nil Nil

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

Number of Cowkeepers on Register	...	...	...	13.
Approximate number of milch cows in District	..			265.
Number of Inspections	...	...	...	91.

Number of Retailers on Register	...	...	...	11.
Number of Retail Dairies	...	...	...	7.
Number of visits	...	...	...	60.

Licenses granted under Milk (Special Designations) Orders, 1936 and 1938.

Accredited (Producers - granted by County Council)	...	...	...	...	8.
Accredited (Retailers - granted by Local Authority)	...	...	...	...	1.
Tuberculin Tested (Dealers - granted by Local Authority)	...	...	...	...	2.
Pasteurised (Supplementary Dealers - granted by Local Authority)	...	...	...	...	1.
Number of samples taken for bacteriological examination	...	...	...	...	16.

Meat Inspection

Since the introduction of the Livestock (Restriction on Slaughtering) Order, 1940, meat supplies for the District come from Brighton. One slaughterhouse in Burgess Hill is still licenced and is used for slaughtering animals killed under special licence issued by the Ministry of Food.

Number of Butchers Shops in district	...	...	10.
Number of Inspections	...	...	106.
Number of Animals known to be killed - pigs	...	33.	
Number of animals inspected	...	33.	

Meat found to be diseased or unsound

1 Pig's carcase and offal				
Generalised Tuberculosis	...	...	...	183 lbs.
2 Ox Tongues				
Actinomycosis	...	...	...	18 lbs.
1 Calve's Liver				
Tuberculosis	...	...	...	2 lbs.

Unsound Food surrendered

<u>Article.</u>	<u>Amount</u>
Beans	20 tins.
Condensed milk	5 tins.
Fish paste	5 jars.
Bacon	9½ lbs.
Cheese	17 lbs.
Eggs	6 doz.

CASES OF INFECTIOUS DISEASE IN AGE GROUPS

	Under 1 year	1 - 2	2 - 3	3 - 4	4 - 5	5 - 10	10 - 15	15 - 20	20 - 35	35 - 45	45 - 65	65 and over	Totals
Scarlet Fever	-	1	-	2	-	5	-	-	-	2	-	-	10
Cerebro-spinal Fever.	-	-	1	-	-	-	-	1	2	1	-	-	5
Paratyphoid Fever	-	-	-	-	-	-	1	-	-	-	-	-	1
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	1	1
Pneumonia	-	-	-	-	-	4	1	-	3	2	2	4	16
Measles	-	9	2	3	8	38	-	1	1	-	-	-	62
Whooping Cough.	5	8	7	10	7	44	5	-	1	-	-	-	87
Totals	5	18	10	15	15	91	7	2	7	5	2	5	182

TUBERCULOSIS - NEW CASES AND MORTALITY 1941

Age Periods	New Cases				Deaths			
	Respiratory		Non-respiratory		Respiratory		Non-Respiratory	
	Males	Females	Males	Females	Males	Females	Males	Females
0 - 1	-	-	-	-	-	-	-	-
1 - 5	1	-	-	-	-	-	-	-
5 - 15	2	3	-	1	-	-	-	-
15 - 25	-	1	-	1	-	1	-	-
25 - 35	1	2	-	1	-	2	-	-
35 - 45	-	-	-	-	-	1	-	-
45 - 55	2	1	-	-	1	1	-	-
55 - 65	-	-	-	-	2	-	-	-
65 and over	-	-	-	-	-	-	-	-
Totals	6	7	-	3	3	5	-	-

THE MID-SUSSEX ISOLATION HOSPITAL

Appended below are details of cases admitted to the Hospital during the year.

Disease	Cuckfield Rural District	Cuckfield Urban District	Burgess Hill Urban District
Diphtheria	1	2	1
Diphtheria 'carrier'	-	1	-
Scarlet Fever	37	42	8
Enteric Fever (Paratyphoid 'B')	4	-	1
Meningitis, Cerebro-spinal	1	-	3
Meningitis, Pneumococcal	1	-	-
Meningitis, Tubercular	1	-	-
Erysipelas	2	-	7
Shame Dysentery	-	5	-
Streptococcal Throat	1	-	-
Measles	5	5	2
Chickenpox	-	-	6
Whooping Cough	16	6	7
Mumps	2	1	1
Observation Cases	9	2	1
Totals	80	64	29

